Recipient Committee Campaign Statement Cover Page				CALIFORNIA 460
	Statement covers period from 10/18/2020	Date of election if applicable: (Month, Day, Year)	FILED JAN 3 1 2021	Page 1 of 1/ For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2020		BITY OF SANTA MARIA	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:	and con	
Qificeholder, Candidate Controlled Committee State Candidate Election Committee Recall	Primarity Formed Ballot Measure Committee Controlled Sponsored	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Termination) Amendment (Explain below)		Quarierly Statement Special Odd-Year Report
General Purpose Committee Sponsored Spansored Small Continuor Committee O Small Party/Central Committee Dolitical Party/Centra	Primarily Formed Candidate/ Officeholder Committee			
3. Committee Information	I.D. NUMBER 1424210	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER		
Carlos Escobedo for Santa Maria City Council District 1 2020	ict 1 2020	Oscar Alejandro Escobedo Mailing Address		
		124 W. Main Street, Suite D		
STREET ADDRESS (NO P.O. BOX)	2	CITY	ш	4
1.24 VV. IMAIN SUPER, SUME DESTATE ZIP CORE	APEA CODE/DHONE	Santa jvianta Marke de assistant tegasijege ig and	CA 93458	802-619-0266
ia Maria		אייר כן אסטטטריין אייר אייר אייר אייר אייר אייר אייר	,	
ESS (IF DIFFERENT) NO. AND STREET OR P.		MAILING ADDRESS		
W. Main Street, Suite D				
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX/E-MAIL ADDRESS		
carlosforsmcitycouncil@gmail.com				

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

01/28/2021	
Executed on	By Signature of Operator of Pesignal Tressurer
01/28/2021	à
Dare	Signature of Controlling Officeholder, Candidine, State Measure Proporter or Regionable Officer of Sponsor
Executed on	B^
Date	Signature of Controlling Officetrolder, Candidate, State Measure Proponent
Executed on	2
	Signature of Controlling Officeholder, Candidate, State Measure Proponent

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Page 2

of 17

CITY		NAME OF TREASURER	COMMITTEE NAME	COMMITTEE ADDRESS STRE	NAME OF TREASURER	COMMITTEE NAME	Related Committees Not Included in this Stateme not included in this statement that are controlled by you or are purcontributions or make expenditures on behalf of your candidacy.	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1010 W. Alvin Avenue Sar	ÖFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR City Council Member: City of Santa Maria District 1		5. Officeholder or Candidate Controlled Committee
STATE ZIP CODE AREA CODE/PHONE	STREET ADDRESS (NO P.O. BOX)	CONTROLLED COMMITTEE?	I.D. NUMBER	STREET ADDRESS (NO P.O. BOX) STATE ZID CODE AREA CODERANDE	CONTROLLED COMMITTEE?	I.D. NUMBER	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Santa Maria CA 93458	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member: City of Santa Maria District 1	DIDATE	Controlled Committee
Attac	אמאם טר טרויים חטבטם איט מאיטוטאום	NAME OF OFFICEHOLDER OR CANDIDATE	NAME OF OFFICE DUES OR CANDIDATE	NAME OF OFFICEHOLDER OR CANDIDATE	7. Primarily Formed Candi officeholder(s) or candidate(s) to		OFFICE SOUGHT OR HELD	Identify the controlling officeholder, candidate, or statename of OFFICEHOLDER, CANDIDATE, OR PROPONENT	BALLOT NO, OR LETTER	NAME OF BALLOT MEASURE	Primarily Formed Ballot
Attach continuation sheets if necessary	אייטוטאוב טרדועב סטטטאון טא אבנט				ice his c		DISTRIC	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	JURISDICTION		d Ballot Measure Committee
	SUPPORT OPPOSE	SUPPORT OPPOSE	HELD SUPPORT	HELD SUPPORT	e List names of formed.		DISTRICT NO. 1F ANY	proponent, if any.	SUPPORT OPPOSE		

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ampaign Disclosu	ummary Page
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Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period 10/18/2020 from

SHE INSTRICTIONS ON REVERSE		through	12/31/2020	Page 3 of 17
NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020				1.D. NUMBER 1424210
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	\$ 12,075.00 \$ 41,000 \$ 2,000 \$ 502.00 \$	41,499.38 2,000.00 43,499.38 502.00 44,001.38	General Elections 1/1 thu 20. Contributions Received \$ 21. Expenditures Made \$	ns 1/1 through 6/30 7/1 to Date \$
6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 22,124.64 \$ 39,15	39,129.09 0.00	Expenditure Limit Summary for State Candidates	Summary for State
SUBTOTAL CASH PAYMENTSAccrued Expenses (Unpaid Bills)	\$ 22.124.64 \$ 39,15 0.00 0.00 502.0	39,129.09 0.00 502.00	22. Cumulativ (# Subject to ' Date of Election (mm/dd/yy)	Cumulative Expenditures Made* (# Subject to Voluntary Expenditure Limit) ection Total to Date (/y/)
	\$ 22,626.64 \$ 39,	39,631.09		69
Current Cash Statement 12. Beginning Cash Balance 13. Cash Receipts 14. Miscellaneous Increases to Cash 15. Cash Payments 16. ENDING CASH BALANCE 17. LOAN GUARANTEES RECEIVED 18. Cash Equivalents and Outstanding Debts See instructions on reverse	14.419.93 12.075.00 0.00 22,124.64 4,370.29 0.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filled for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section mreported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
19. Outstanding Debts	7,000.00 6,000.00		FPPC Advice: adv	FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A

Amounts may be rounded

SCHEDULE A

Monetary	Monetary Contributions Received	5	to whole dollars.	Statement covers period from 10/18/2020		CALIFORNIA 460
SEE INSTRUCTIO	SEE INSTRUCTIONS ON REVERSE			through 12/31/2020		Page 4 of 17
NAME OF FILER Carlos Escobe	AME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020				-	.D. NUMBER 1424210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, BNTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	ATE PER ELECTION R TO DATE (IF REQUIRED)
10/20/2020	Santa Ynez Band of Mission Indians PO BOX 517 Santa Ynez, CA 93460	D COM SCC		2,000.00	2,000.00	
10/20/2020	Guadalupe Alvarez 246 Egret Ln. Guadalupe, CA 93434	ZIND COM	Manager Lupe's Co	100.00	100.00	
10/25/2020	James A. Diani 1320 Foxenwood Drive Santa Maria, CA 93455	OTH SCC	Owner A.J. Diani Const. Co., Inc	250.00	250.00	
10/27/2020	Roger Galvan 614 W. Main St. Santa Maria. CA 93458	OTH SCC	Owner Xtreme Electronics	200.00	450.00	2
10/28/2020	DL Farm Management, Inc. 1945 Roemer Place Santa Maria, CA 93454	□ IND □ COM □ PTY □ SCC		1,000.00	1,000.00	
Schodulo	Cimmer		SUBTOTAL \$	3,550		
1. Amount rec (Include all	Amount received this period – itemized monetary contributions (Include all Schedule A subtotals.)		\$ 12,	12,000.00	*Contributor Cod IND Individual COM Recipien	*Contributor Codes IND Individual COM Recipient Committee (other than PTY or SCC)
	Amount received this period – unitemized monetary contributions of less than \$100	ns of less than	\$100\$ 75.00	00	OTH - OI PTY - Pc SCC - Sr	OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee
3. Total mone (Add Lines	lotal monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	lumn A, Line 1.		12,075.00		FPPC Form 460 (Jan/2016))

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Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars,

SCHEDULE A (CONT.) CALIFORNIA 46 17 φ FORM Page 5 Statement covers period through 12/31/2020 10/18/2020 from _

Carlos Escob	Carlos Escobedo for Santa Maria City Council District 1 2020				1424210	1210
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD, NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2020	MT. Puzzle Piece 110 S. Lincoln St. Ste. 106 Santa Maria, CA 93458	COM COM OTH SCC	,	1,000.00	1,000.00	
10/28/2020	Roberto Pulido 941 W. Clarence Ct. Santa Maria, CA 93458	COM OTH COTH	VP of Human Resources Windset Farms	1,009.00	1,000.00	
10/28/2020	Tortilleria Villanueva, Inc / Tortilleria Mexico #3 1003 N. Broadway Santa Maria, CA 93454	COM OTH SCC		200.00	200.00	
10/28/2020	C.J.J. Farming, Inc 125 W. Mill St Santa Maria, CA 93458	COM COOM DTY		500.00	500.00	
10/28/2020	New Sun Farms, Inc. 211 W. Mill St. Santa Maria, CA 93458	COM COM COTH COTH COTH		500.00	500.00	
			SUBTOTAL \$ 3.200	\$ 3.200		

*Contributor Codes

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Monetary	Monetary Contributions Received	to whole dollars.	Side y	Statement covers period from 10/18/2020	ers period 020	CALIFORNIA 460	ö
				through 12/31/2020		Page 6 of 17	
Carlos Escob	AME OF FILER. Carlos Escobedo for Santa Maria City Council District 1 2020					1.D. NUMBER 1424210	
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION AR TO DATE (IF REQUIRED)	O DX
10/29/2020	Equity Reach Inc. DBA Novel Home Loans 722 E. Main Street, Suite 105 Santa Maria, CA 93454	O SCC		250.00	250.00		
10/30/2020	Lavagnino for Supervisor 2014 2151 S. College Dr. Suite 101 Santa Maria, CA 93455	OTH SCC		500.00	1,500.00		
10/31/2020	Southern California Pipe Trades District Council 16 501 Shatto Place, Suite 400 Los Angeles, CA 90020 ID: 760715	OTH SCC		1,000.00	2,000.00		
11/05/2020	King Falafel, Inc 4620 Quarter Horse Trail Santa Maria, CA 93455	OCC SCC		1,000.00	1,000.00		
11/09/2020	Bob Nelson for Supervisor 2020 1355 Halyard Drive, Suite 120 West Sacramento, CA 95691	OTH SCC		2,500.00	2,500.00		
			SUBTOTAL	\$ 5,250.00			

34.16

^{*}Contributor Codes
IND – Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B – Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

1424210

NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(a) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Carlos Escobedo	Outreach Specialist			0.00 \$ 0.00	\$ 2,000.00	0.00	\$ 2.000.00	2.000.00
1010 vv. Alvin Avenue Santa Maria, CA 93458	Allan Hancock College	000000	ć	- FORGIVEN		RATE	3	PER ELECTION"
TE IND COM COTH PTY SCC		\$	00.00	\$ 0.00	DATE DUE	\$	07/17/20 DATE INCURRED	100
1				☐ PAID				CALENDAR YEAR
				V 1	49	300	64	63
				FORGIVEN		RATE		PER ELECTION**
T IND COM OTH PTY SCC		8	sel	69	DATE DUE	67	DATE INCURRED	,
				☐ PAID				CALENDAR YEAR
		,		\$	8	RATE	ω	SS
TO IND COM OTH CPTY SCC		v ₂	<i>S</i>	\$	DATEOUE	8	DATE INCURRED	<i>S</i>
		SUBTOTALS \$ 0.00		\$ 0.00	\$ 2,000.00	\$ 0.00		

Schedule B Summary

0.00 0.00 O \$ (Total Column (b) plus unitemized loans of less than \$100.) Total Column (c) plus loans under \$100 paid or forgiven.) Loans paid or forgiven this period...... Loans received this period S

(Include loans paid by a third party that are also itemized on Schedule A.)

TContributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

0.00

69

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lere and on the builtingly hage, column A, the Z.

** If required.

*Amounts forgiven or paid by another party also must be reported on Schedule A.

FPPC Form 460 (Jan/2015))
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www.fppc.ca.gov

(May be a negative number)

Schedule B Loan Gua - Part 2

Schedule B – Part 2 Loan Guarantors Amounts may be rounded to whole dollars. Statement covers period from 10/18/2020 FORM 460 Statement covers period from 10/18/2020 FORM 460 Statement covers period from 10/18/2020 FORM 460 FORM 460 I.D. NUMBER 1424210

Carlos Escobedo for Santa Maria City Council District 1 2020	rict 1 2020				1424210	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			L IEN DER		CALENDAR YEAR	
	□ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	IND ON		LENDER		CALENDAR YEAR	
	DOTH SCC		DATE		PER ELECTION (IF REQUIRED)	
	□ ND		LENDER		CALENDAR YEAR	
	COM					
	□ OTH □ PTY □ SCC		DATE		PER ELECTION (IF REQUIRED)	
	COM		LENDER		CALENDAR YEAR	
	□ OTH		DATE	7	PER ELECTION (IF REQUIRED)	
	scc				To an address of the second se	
			SUBTOTAL	\$ 0.00	Summary Page, Line 17 only.	

Schedule C

Amounts may be rounded to whole dollars.

SCHEDULE C CALIFORNIA 46 of 17 FORM Page 9 Statement covers period through 12/31/2020 10/18/2020 from _

I.D. NUMBER 1424210 Carlos Escobedo for Santa Maria City Council District 1 2020 Nonmonetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER

PER ELECTION TO DATE (IF REQUIRED)						outor Codes advidual Recipient Committee forther than PTV or SCO	OTH – Other (e.g., business entity) PTY ~ Political Party SCC – Small Contributor Committee
CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	502.00					*Contributor Codes IND = Individual COM = Recipient Committee	OTH – Other (e.g., brown) PTY ~ Political Party SCC – Small Contrib
AMOUNT! FAIR MARKET VALUE	502.00				\$ 502.00	\$ 502.00	0.00
DESCRIPTION OF GOODS OR SERVICES	Radio airtime			÷	SUBTOTAL \$	w.)
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	Realtor Valley Hills Realty				sheets.	ý.	contributions of less than \$100
CONTRIBUȚOR CODE*	ND COM OTH ND O	SCC COM OTH COTH SCC	COM COM OTH SCC	IND COM OTH PTY SCC	continuation	ry contribution	stary contributi
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTE, ALSO ENTER I.D. NUMBER)	Maria Elena Lopez 1444 W. Heritage Way Santa Maria. CA 93458				Attach additional information on appropriately labeled continuation sheets.	Schedule C Summary 1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.)	2. Amount received this period – unitemized nonmonetary
DATE	10/28/20				Attach ado	Schedul 1. Amount (Include	2. Amount

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ 502.00

FPPC Form 460 (Jan/2016)) www.fppc.ca.gov FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and C

Amounts may be rounded

Page 10	through 12/31/2020
FORM	from 10/18/2020 /
CALIFORN	Statement covers period

SCHEDULE D

Supportin Candidate	Supporting/Opposing Other Candidates, Measures and Committees	to whole dollars.	rs.	from 10/18/2020 /		FORM 46	60
SEE INSTRUCTIO	SEE INSTRUCTIONS ON REVERSE			through 12/31/2020		Page 10 of 17	1
NAME OF FILER Carlos Escobed	NAME OF FILER Carlos Escobedo for Santa Maria City Council District 1 2020					1.D. NUMBER 1424210	
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	D DATE PER ELECTION EAR TO DATE 31) (IF REQUIRED)	D) ION
		☐ Monetary Contribution		÷			
		Nonmonetary Contribution					
	□ Support □ Oppase	Independent Expenditure					
		Monetary Contribution					
		Nonmonetary Contribution					
	Support Oppose	Independent Expenditure					
		☐ Monetary Contribution					
		☐ Nonmonetary Contribution					
	☐ Support ☐ Oppose	Independent Expenditure		4			
			SUBTOTAL	\$ 0.00			

Schedule D Summary

- 1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.).....
- 2. Unitemized contributions and independent expenditures made this period of under \$100......\$ 0.00 \$ 0.00

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Inpa	nen
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Amounts may be rounded to whole dollars.

Statement covers period | CALIFORNIA 460 | FORM | 10/18/2020 | Page | 11 | of | 17 | 17 | 1424210 | 1424210 |

SCHEDULE

Carlos Escobedo for Santa Maria City Council District 1 2020 SEE INSTRUCTIONS ON REVERSE VANE OF FILER

transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) campaign workers's a aries t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airt'me and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration RAD SAL SAL TEL TRC TRC TRS VOT postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances office expenses member communications petition circulating phone banks print ads MBR MTG OFC OFC PET POL POS PRO PRO independent expenditure supporting/opposing others (explain)* contribution (explain nonmonetary)* campaign iterature and mailings CMP campa;gn paraphernalia/misc. candidate filing/ballot fees campaign consutants fundraising events civic donations egal defense FIL CNS CVC I LEG CTB

NAME AND ADDRESS OF PAYEE (F COMMITTEE, ALSO ENTER 1D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMC	AMOUNT PAID
Facebook, Inc 1 Hacker Way Menlo Park, CA 94025	Social Media Ads	666.08	.08
KIDI, KRTO, KTAP 718 East Chapel Street Santa Maria, CA 93454	RAD	1,65	1,657.50
DMH Meyer, Inc. 1560-1 Newbury Rd, #212 Newburv Park, CA 91320	LIT	14,5	14,224.21
* Payments that are contributions or independent expenditures mus; also be summarized on Schedule D.	lule D.	SUBTOTAL \$ 16,547.79	.79

Schedule E Summary

TOTAL \$ 22,124.64 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)......

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Payments Made Schedule E (Continuation Sheet)

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

	through <u>12/31/2020</u>	Statement covers period 10/18/2020 from
1.D NUMBER 1424210	Page 12 of 17	FORM 460

Carlos Escobedo for Santa Maria City Council District 1 2020			1424210
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/m sc. CMP campaign consultants CNS campaign consultants CYC civic donations FIL candidate fling/bailot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign literature and mailings MBR OFC OFC PET PHO POS PRO PRO PRO PRO PRO PRO PR	e payment, you may enter the code. Oth Rember communications Greetings and appearances Greetings and appearances Greeting and appearance office expenses For petition circulating For petition circulating For petition circulating For points and survey research polling and survey research postage, de ivery and messenger services For professional services (legal, accounting) For print ads	Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer betweer committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)	sts tion costs neals d meals f the same candidate/sponsor rternet, e-mail)
NAME AND ADDRESS OF PAYEE (IF COMMITTE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Revisia OKEY 543 Betteravia Rd West Santa Maria. CA 93455	LIT		150.00
InFocus Campaigns, LLC PO BOX 10726 Fort Worth, TX 76114		Text messages services	532.09
KRQK-FM 1444 West Heritage Way Santa Maria, CA 93458	RAD		1,295.40
Aaron, Thomas & Associates, Inc. 21344 Superior Street Chatsworth. CA 91311	TIT		686.88
KTAS-TV PO BOX 172 Santa Maria, CA 93456	TEL		828.75
* Payments that are contributions or independent expenditures must also be summarized on Schedule D	marized on Schedule D.	BUS	SUBTOTAL \$ 3,493.12

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) of. CALIFORNIA FORM 13 Page _ Statement covers period through 12/31/2020 10/18/2020 from.

LD. NUMBER

1424210

Carlos Escobedo for Santa Maria City Council District 1 2020 SEE INSTRUCTIONS ON REVERSE

radio antime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

meetings and appearances member communications office expenses contribution (explain nonmonetary)* CMP campaign paraphernalia/misc. campaign consultants

postage, delivery and messenger services professional services (lega, accounting) polling and survey research petition circulating phone banks POS PRO PRT MTG OFC PET PHO POL independent expenditure supporting/opposing others (explain)*

print ads

transfer between committees of the same candidate/sponsor staff/spouse trave, lodging, and meals voter registration RAD SAL TEL TRC TRS VOT

information technology costs (internet, e-mal)

t.v. or cable airlime and production costs

campa gn workers' salaries

returned contributions

candidate travel, odging, and meals

DESCR PTION OF PAYMENT

9 R

CODE

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBÉR)

campaign literature and mailings

legal defense

LEG

candidate filing/ballot fees

fundraising events civ c donations

FND

 $\frac{1}{2}$ 글

CNS CVC TEL

AMOUNT PAID

1,632.00

MTG

Maya Mexican Restaurant

Santa Maria, CA 93455

1467 Fairway Dr.

KPMR

Santa Maria, CA 93458

110 S. Lincoln St.

200.00

179.70

Landslide Communications of NV 30011 Ivy Glenn Dr. #223 Laguna Niguel, CA 92677

LIT

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

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SUBTOTAL \$ 2,011,70

Accrued Expenses (Unpaid Bills) Schedule F

NAME OF FILER

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

through 12/31/2020 Statement covers period 10/18/2020 Page 14 of <u>17</u>

LD. NUMBER

from_

Carlos Escobedo for Santa Maria City Council District 1 2020 CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc. CNS campaign consultants MTG CTS campaign consultants	es the payment, you may enter the code. MBR rember communications MTG rectings and appearances	enter the code. Others	Otherwise, describe the payment. RAD radio airlime and production of the payment of the payment. RFD returned contributions.	t.	1424210
FIL candidate fling/ballot fees FND: fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LT campaign fiterature and mailings	PHO phone banks POL polling and survey research POS postage, de ivery and messenger services PRO professional services (legal, accounting) PRT print ads	arch nessenger services egal, accounting)	TRC candidate travel, TRS staff(spouse trave TSF transfer between VOT voter registration WEB information techn	candidate travel, lodging, and meals staff(spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	e candidate/sponsor mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE ALSO ENTER 1D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedu e D.	SUBTOTALS \$	0.00	\$ 0.00 s	0.00	\$ 0.00
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)	Schedule F, Column (b) sub accrued expenses under \$	ototals for	INCURRED TOTALS \$		0.00
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	edule F, Column (c) subtoto payments on accrued expe	als for payments on enses under \$100.).		PAID TOTALS \$_	0.00
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	ter the difference here and		NET 6		0.00
				FPP(May be a negative number FPPC Form 460 (Jan/2016))

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Payments Made by an Agent or Independent Schedule G Col

Amounts may be rounded

SCHEDULE G CALIFORNIA 46(Statement covers period

Contractor (on Behalf of This Committee)	to whole dollars.	from 10/18/2020	FORM
SEE MOTOR ON DEVEDOR		through 12/31/2020	Page 15 of
NAME OF STATE OF STAT			I.D. NUMBER
Carlos Escobedo for Santa Maria City Council District 1 2020			1424210
NAME OF AGENT OR INDEPENDENT CONTRACTOR			

te. Otherwise, describe the payment.	RAD radio airlime and production costs RFD returned contributions	TECT 1.V. or capie arrume and production costs	TRS staff/spouse travel, lodging, and meals	TST	VOT	WEB information technology costs (internet, e-mail)
bes the payment, you may enter the cod	MBR member communications MTG meetings and appearances	PET petition circulating	POC priorie balliks POL polling and survey research	POS postage, delivery and messenger services	PRO professional services (legal, accounting)	PRT print ads
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.	CMP campaign paraphernalia/misc. CNS rampaign consultants	_	FIL candidate filing/ballot tees FND fundraising events	IND independent expenditure supporting/opposing others (explain)*	LEG legal defense	LIT campaign literature and mailings

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D,

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEL ALSO ENTER 1D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			*	
Attach additional information on appropriately labeled continuation sheets.			TOTAL*	TOTAL* \$ 0.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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CALIFORNI		
460	SCHEDULE H	

Schedule H Loans Made to Others*		Amounts ma to whol	Amounts may be rounded to whole dollars.	- h	Statement covers period 10/18/2020	020	CALIFORNIA FORM	¹ 460
SEE INSTRUCTIONS ON REVERSE					through 12/31/2020	020	Page 16	of 17
NAME OF FILER							I.D. NUMBER	
Carlos Escobedo for Santa Maria City Council District 1 2020	District 1 2020						1424210	
FULL NAME, STREET ADDRESS AND ZIF CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(4) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(®) INTEREST RECEIVED	ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE LOANS TO DATE
				PAID	ss.	RATE	DK	CALENDARYEAR
		\$		FORGIVEN	DATE DUE	ÇA .	DATE INCURRED	PER ELECTION
				PAID	co.	,	ir.	CALENDAR YEAR
		() 	£5.	FORGIVEN	DATE DIE	ଖ		PER ELECTION**
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	or committee must n must also be	SUBTOTALS	\$0.00	\$ 0.00	\$ 0.00	\$ 0.00		
Schedule H Summary						(Enter (e) on Scredule I, Line 3)		
	s of less than \$100.)		电容计记录 计正确 医骨髓 化氯化甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 0.00			^*If Required
(Total Column (c) plus unitemized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.)	າents of less than \$100.) from Line 1.)	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	NET \$ 0.00		,	
	y Page, Column A, Line 7.					Was to a penalize number)		

Miscellaneous Increases to Cash Schedule I

Amounts may be rounded to whole dollars.

SCHEDULE CALIFORNIA 460 of 17 Page 17 Statement covers period 12/31/2020 10/18/2020 through. from

INCREASE TO CASH

DESCRIPTION OF RECEIPT

FULL NAME AND ADDRESS OF SOURCE

Carlos Escobedo for Santa Maria City Council District 1 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

(IF COMMITTEE, ALSO ENTER LD. NUMBER)

RECEIVED DATE

AMOUNT OF

1424210 I.D. NUMBER

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 0.00

\$ 0.00

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- 1, Itemized increases to cash this period.
- \$ 0.00 2. Unitemized increases to cash of under \$100 this period.
 - 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)

TOTAL 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)

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\$ 0.00

\$ 0.00

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